

County: Waukesha  
 CLEARVIEW HOME CORPORATION  
 P. O. BOX 180198

Facility ID: P040

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DELAFIELD 53018 Phone: (262) 646-3361  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 13  
 Total Licensed Bed Capacity (12/31/01): 32  
 Number of Residents on 12/31/01: 9

Ownership:  
 Highest Level License: Nonprofit Church/Corporation  
 Operate in Conjunction with CBRF? Skilled  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: No  
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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.3
Supp. Home Care-Personal Care	Yes					1 - 4 Years		44.4
Supp. Home Care-Household Services	No	Developmental Disabilities	.	Under 65	0.0	More Than 4 Years		22.2
Day Services	No	Mental Illness (Org./Psy)	.	65 - 74	0.0			-----
Respite Care	No	Mental Illness (Other)	.	75 - 84	11.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	.	85 - 94	66.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	.	95 & Over	22.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	.		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	.		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	.	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	.		-----	RNs		86.1
Referral Service	No	Diabetes	.	Sex	%	LPNs		73.3
Other Services	Yes	Respiratory	.		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	.	Male	0.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	100.0			
Provide Day Programming for			.		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	200	0	0.0	0	0	0.0	0	8	100.0	200	0	0.0	0	0	0.0	0	9	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		0	0.0		0	0.0		8	100.0		0	0.0		0	0.0		9	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	42.9	Daily Living (ADL)	Independent			
Private Home/With Home Health	28.6	Bathing	0.0	77.8	22.2	9
Other Nursing Homes	7.1	Dressing	11.1	66.7	22.2	9
Acute Care Hospitals	0.0	Transferring	11.1	55.6	33.3	9
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	11.1	66.7	22.2	9
Rehabilitation Hospitals	0.0	Eating	66.7	22.2	11.1	9
Other Locations	21.4	*****				
Total Number of Admissions	14	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	21.4	Occ/Freq. Incontinent of Bladder	0.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	28.6	Occ/Freq. Incontinent of Bowel	0.0	Receiving Suctioning		0.0
Other Nursing Homes	7.1			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		0.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	42.9	With Pressure Sores	0.0	Have Advance Directives		0.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	14			Receiving Psychoactive Drugs		0.0

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	28.1	88.9	0.32	69.0	0.41	82.7	0.34	84.6	0.33
Current Residents from In-County	77.8	88.1	0.88	82.5	0.94	85.3	0.91	77.0	1.01
Admissions from In-County, Still Residing	7.1	22.9	0.31	28.7	0.25	21.2	0.34	20.8	0.34
Admissions/Average Daily Census	155.6	129.6	1.20	122.8	1.27	148.4	1.05	128.9	1.21
Discharges/Average Daily Census	155.6	133.7	1.16	120.0	1.30	150.4	1.03	130.0	1.20
Discharges To Private Residence/Average Daily Census	77.8	47.6	1.63	11.0	7.05	58.0	1.34	52.8	1.47
Residents Receiving Skilled Care	100	90.5	1.11	72.7	1.38	91.7	1.09	85.3	1.17
Residents Aged 65 and Older	100	97.0	1.03	93.0	1.08	91.6	1.09	87.5	1.14
Title 19 (Medicaid) Funded Residents	0.0	56.0	0.00	60.8	0.00	64.4	0.00	68.7	0.00
Private Pay Funded Residents	88.9	35.1	2.53	21.0	4.24	23.8	3.74	22.0	4.04
Developmentally Disabled Residents	.	0.5	.	0.0	.	0.9	.	7.6	0.00
Mentally Ill Residents	.	30.9	.	41.3	.	32.2	.	33.8	0.00
General Medical Service Residents	.	27.3	.	25.9	.	23.2	.	19.4	0.00
Impaired ADL (Mean)	53.3	50.3	1.06	53.3	1.00	51.3	1.04	49.3	1.08
Psychological Problems	0.0	52.4	.	46.2	.	50.5	.	51.9	0.00
Nursing Care Required (Mean)	.	7.1	.	7.8	.	7.2	.	7.3	0.00